MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP ( ) IE ( ) IC	**Response Timely Filed?** (x) Yes () No
Requestor's Name and Address AHC, Inc. on behalf of Edinburg Regional Medical Center 10002 Battleview Parkway Manassas, Virginia 20109	MDR Tracking No.: M4-03-7808-01 TWCC No.: Injured Employee's Name:
Respondent's Name and Address Service Lloyds Insurance Company P O Box 26850 Austin, Texas 78755-0850 Box 42	Date of Injury: Employer's Name: Roberts Chevrolet Company, Inc. Insurance Carrier's No.: 9604308

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
12/18/02	**12/26/02**	**Surgical Admission**	**$77,490.36**	**$12,258.38**

PART III: REQUESTOR'S POSITION SUMMARY

Requestor did not submit a position statement.

PART IV: RESPONDENT'S POSITION SUMMARY

"The provider was paid at the TWCC ACIFG surgical per diem of $1,118 per day for 8 days = $8,944.00. In addition, revenue code 390(blood storage) was reimbursed at 80% of billed charge, totaling $1,373.92. The provider billed $60,210.00 for implants, not including transportation. We finally paid $6,021.00 for the implants. An additional payment in the amount of $6,499.20 was recommended, after invoice was provided, making our total reimbursement for implants $12,520.20. And finally, we recommended payment for revenue code 274(prosthetic device) in the amount of $1,069.20. After further consideration, it was determined that no additional payment would be made."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested additional reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed $40,000 in total audited charges, but also involve "unusually extensive services."

After reviewing the information provided by both parties, it does **not** appear that this particular admission involved "unusually extensive services", because the requestor did not submit an operative report indicating what surgery was performed. Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule.

The carrier made reimbursement based on per diem and carve out of the implantables (8 day stay and cost plus ten percent for the implantables, bringing the total amount of reimbursement to $23,907.32). However, the invoice indicates the amount billed was $24,747.00 x 110% is $27,221.70 plus the 8 day stay $8,944.00(8 x $1,118.00) = a total reimbursement of $36,165.70 - $23,907.32 already paid by the insurance carrier = $12,258.38 in additional reimbursement due.

Therefore, based on the facts of this situation, the parties' positions, and the application of the provisions of Rule 134.401(c), we find that the health care provider is entitled to an additional reimbursement in the amount of $12,258.38.

PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor **is** entitled to additional reimbursement in the amount of $12,258.38. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20 days of this Order.

Ordered by:

Authorized Signature	Typed Name	Date of Order
	Allen McDonald	04/28/05

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, 7551 Metro Center Drive, Suite 100, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____